

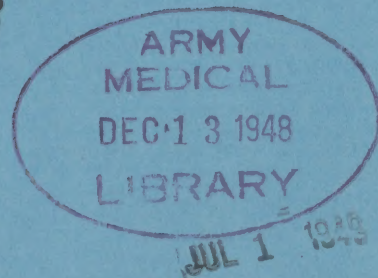
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MONTHLY HEALTH REPORT



SEPTEMBER 1948

VOL 1 NO 4

MILITARY DISTRICT OF WASHINGTON

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MONTHLY HEALTH REPORT

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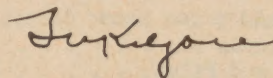
HEADQUARTERS, MILITARY DISTRICT OF WASHINGTON
The Pentagon, Washington 25, D. C.

INTRODUCTION

This publication presents periodic health data concerning personnel of the Department of the Army and Department of the Air Force personnel in the Military District of Washington. It provides factual information for measurement of increase or decrease in the frequency of disease and injury occurring at each of the posts, camps or stations shown herein.

It is published monthly by the Military District of Washington for the purpose of conveying to personnel in the field current information on the health of the various military installations in this area and on matters of administrative and technical interest.

Contributions, as well as suggested topics for discussion, are solicited from Medical Department officers in the field.



FLOYD V. KILGORE
Colonel, MC
Surgeon

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PREVENTIVE MEDICINE

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GENERAL COMMENT

The health of the command has in general continued to be satisfactory, although most installations reported increases in the incidence of respiratory diseases and the venereal disease rate for the period is the highest reported for the calendar year 1948. The non-effective rate of 14.62 reflected a rise of only 1.68 over the July rate of 12.94.

Unless otherwise indicated, references to diseases and injuries in this publication apply to all Class I and II installations exclusive of Walter Reed General Hospital. Rates are calculated on the basis of a thousand mean strength per year.

In consideration of the present mode of operation of the Army Medical Department whereby Army and/or Air Force personnel may be receiving medical treatment at either type department installation, differential health statistics for Air Force and Army should be evaluated as an overall index of the medical sections of the reporting unit.

An increase is reported for the admissions for all causes in the rate of 399.7 as compared with 317.3 for the previous period. Fort Myer (South Post) was the only station that reported a lower rate for the current period than for the previous one, with 133.6 cases per 1000 per annum compared with 153.9 for July.

The rate for injury admissions has continued to drop, the August rate of 29.8 being the lowest since the month of March, this year. Fewer injury cases at the larger stations are responsible for this lower rate. Fort Belvoir reported 18 cases as against 25 for the previous period and Fort Myer (North Post) reported 4 injuries as compared with 7 in July.

An incidence of 17.8 admissions per 1000 troops per annum for psychiatric diseases is reported for the current period. A total of 25 cases was reported by all units.

One death resulting from injury was reported by Fort Belvoir during the period.

COMMUNICABLE DISEASES

Admissions for pneumonia, all types, increased from 4.1 cases per 1000 per year in July to 9.2 cases per 1000 per year for the current period. Pneumonia atypical constituted the greatest number of all cases reported; 10 of the total 13 cases were this type.

A rate of 12.1 for influenza during August for 10 cases reported is a decrease from the 28 cases occurring in the previous period.

Common respiratory disease increased from 51.0 to 65.3 admissions per 1000 troops per year during the month of August. A total of 92 cases were reported for this month. The General Dispensary, USA reported 43 of this total number.

The rate for Hepatitis dropped from 2.3 for 4 cases in July to zero for August.

Diarrheal disease increased with Fort Belvoir reporting 1 case and Fort McNair 4 cases for a resultant rate of 3.6 as compared with 1.2 for July.

Other communicable diseases, including measles, mumps, scarlet fever, and tuberculosis reflected only minor changes.

Pertinent Statistical tables may be found on pages 2 and 4.

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GENERAL DATA
4 Week Period Ending 27 August 1948
(Data from WD AGO Form 8-122)

STATION	MEAN STRENGTH			ADMISSIONS						Non-Effective Rate	Number of CDD'S	Number of Deaths
	Total	White	Negro	All Causes		Disease		Injuries				
				Cases	Rate	Cases	Rate	Cases	Rate			
Arlington Hall	670	670	-	21	407.4	19	368.6	2	38.8	1.07	-	-
Fort Belvoir	7,106	6,050	1,056	236	431.9	218	398.9	18	32.9	26.54	9	1
Fort McNair	814	715	99	37	590.9	29	463.1	8	127.8	3.90	-	-
Fort Myer (North Post)	1,407	1,231	176	110	1016.4	106	979.4	4	37.0	43.41	-	-
Fort Myer (South Post)	1,848	1,848	-	19	133.6	19	133.6	-	-	0.04	-	-
General Dispensary, USA	5,525	5,494	31	104	244.4	100	235.0	4	9.4	2.39	-	-
Vint Hill Farms	1,004	1,004	-	36	446.2	30	388.5	6	77.7	1.78	-	-
Total Mil Dist of Wash	18,374	17,012	1,362	563	399.7	521	369.9	42	29.8	14.62	9	1
Army Medical Center	2,666	2,353	313	143	697.9	131	639.3	12	58.6	502.14	96	3
Total Dept/Army Units	21,040	19,365	1,675	706	437.7	652	404.2	54	33.5	76.40	105	4
CLASS III UNITS												
Andrews Air Force Base	3,589	3,467	122	61	220.8	53	191.8	8	29.0	4.13	-	1
Bolling Air Force Base	5,131	5,130	1	139	351.7	124	313.7	15	38.0	9.19	-	2
Wash Nat'l Airport	1,600	1,600	-	25	203.3	22	178.9	3	24.4	0.74	-	-
Total Dept/Air Force Units	10,320	10,197	123	225	283.5	199	250.7	26	32.8	6.12	-	3
Consolidated Total	31,360	29,562	1,798	931	381.7	851	348.9	80	32.8	53.27	105	7

ADMISSIONS, SPECIFIED DISEASES - RATE PER 1000 PER YEAR
4 Week Period Ending 27 August 1948
(Data from WD AGO Form 8-122)

STATION	Common Respiratory Disease	Pneumonia All Types	Pneumonia Atypical	Influenza	Measles	Mumps	Scarlet Fever	Tuberculosis	Rheumatic Fever	Diar-rheal Disease	Hepa-titis	Malaria	Psychi-atric Diseases
Arlington Hall	19.4	-	-	19.4	-	-	-	-	-	-	-	-	-
Fort Belvoir	23.8	11.0	11.0	-	-	-	1.8	1.8	-	1.8	-	-	43.9
Fort McNair	63.9	-	-	-	-	-	-	-	-	63.9	-	-	-
Fort Myer (North Post)	138.6	18.5	18.5	9.2	-	-	-	9.2	-	-	-	-	-
Fort Myer (South Post)	7.0	-	-	-	-	-	-	-	-	-	-	-	-
General Dispensary, USA	101.1	4.7	4.7	36.0	-	2.4	-	-	-	-	-	-	2.4
Vint Hill Farms	194.3	38.9	-	-	-	-	-	-	-	-	-	-	-
Total Mil Dist of Wash	65.3	9.2	7.1	12.1	-	0.7	0.7	1.4	-	3.6	-	-	17.8
Army Medical Center	14.6	-	-	-	-	4.9	-	9.8	-	-	-	-	-
Total Dept/Army Units	58.9	8.1	6.2	10.5	-	1.2	0.6	2.5	-	3.1	-	-	15.5
CLASS III UNITS													
Andrews Air Force Base	47.1	-	-	-	-	-	-	-	-	-	-	-	-
Bolling Air Force Base	15.2	2.5	2.5	7.6	-	-	-	-	-	-	7.6	12.7	12.7
Wash Nat'l Airport	32.5	-	-	-	-	-	-	-	-	-	-	-	-
Total Dept/Air Force Units	29.0	1.3	1.3	3.8	-	-	-	-	-	-	3.8	6.3	6.3
Consolidated Total	48.4	5.7	4.5	8.2	-	0.8	0.4	1.6	-	2.1	1.2	2.1	12.3

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VENEREAL DISEASE: ARMY TROOPS.

Venereal disease among Army troops of the Military District of Washington has continued to show an increase. The July rate of 20.47 has risen to 32.13 cases per 1000 troops per year for the month of August. A total of 52 cases were reported during the present four week period as compared with the 41 cases for the previous 5 weeks. Both white and negro incidence contributed to this greater rate; the white rate being 13.43 against 9.80 for July, and the negro rate of 248.36 compared with 138.03.

The 17.19 rate for white troops at Fort Belvoir reflected a decrease over the July incidence of 19.59 per 1000 per annum, but the more than doubled negro rate 332.39 over 162.20 for July, gave an over all rate of 64.03. Fort McNair reported a rate of 63.88, a decided increase over the 24.70 rate of the previous period.

VENEREAL DISEASE: AIR FORCE TROOPS.

Statistics of Air Force installations indicated an increase in the number of cases of VD among white troops of that command. A total of 17 cases in the 4 week period gives a rate of 21.41 as compared with 16.21 for July. No cases were reported among negro troops.

Pertinent statistical tables and charts may be found on pages 6 and 7

The term "Chargeable Cases" as used in this report refers to those occurring among individuals assigned or attached to the reporting station at the time of the diagnosis.

NEW VENEREAL DISEASE CASES - EXCL EPTS - AUGUST AND JULY *

	Rate per 1000 per Year	
STATION	AUGUST 48	JULY 48
Arlington Hall	19.40	-
Fort Belvoir	64.03	42.03
Fort McNair	63.88	24.76
Fort Myer (North Post)	9.24	14.16
Fort Myer (South Post)	28.14	-
General Dispensary, USA	-	-
Vint Hill Farms Station	12.95	11.16
Total Military District of Washington	32.55	19.05
Army Medical Center	29.26	29.55
Total Dept/Army Units, Mil Dist of Washington	32.13	20.47
CLASS III UNITS		
Andrews Air Force Base	18.11	19.72
Bolling Air Force Base	30.40	19.10
Washington Nat'l Airport	-	-
Total Class III Units	21.41	16.21
CONSOLIDATED TOTAL	28.60	19.06

* Includes all cases reported on Statistical Health Reports WD AGO Form 8-122.

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CHART 1

ADMISSION RATES BY MONTH, ALL CAUSES, COMMON RESPIRATORY DISEASE AND INJURIES
MDW RATES PER 1000 TROOPS PER YEAR

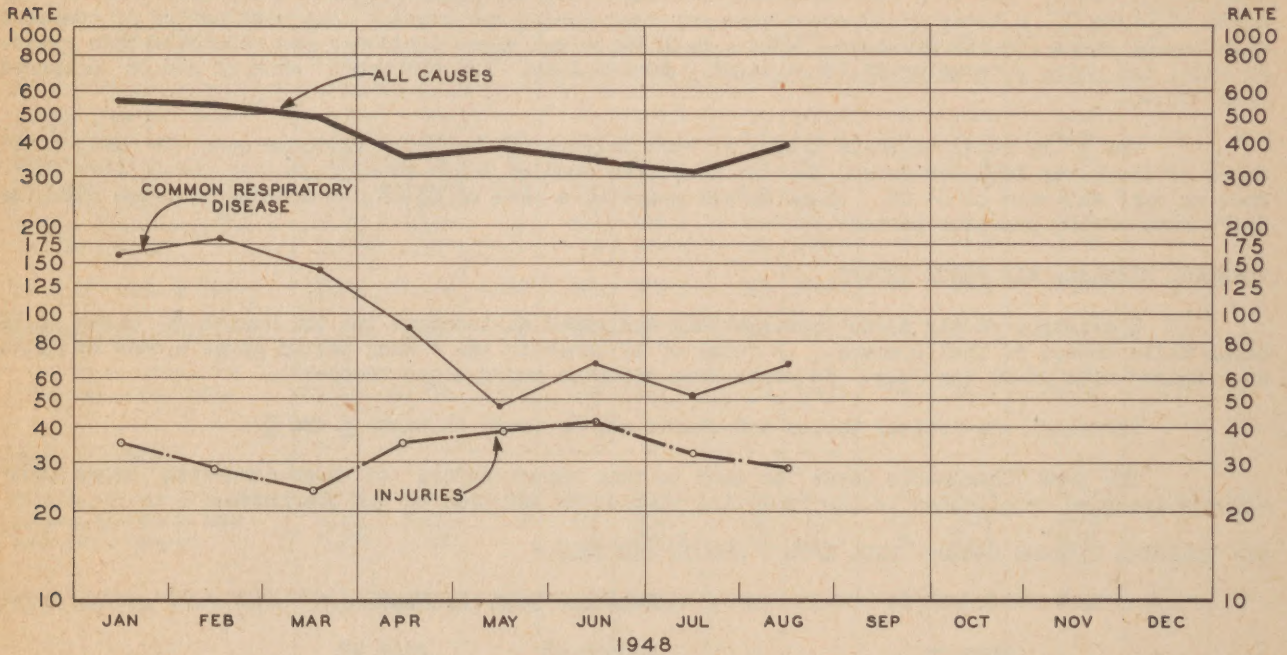
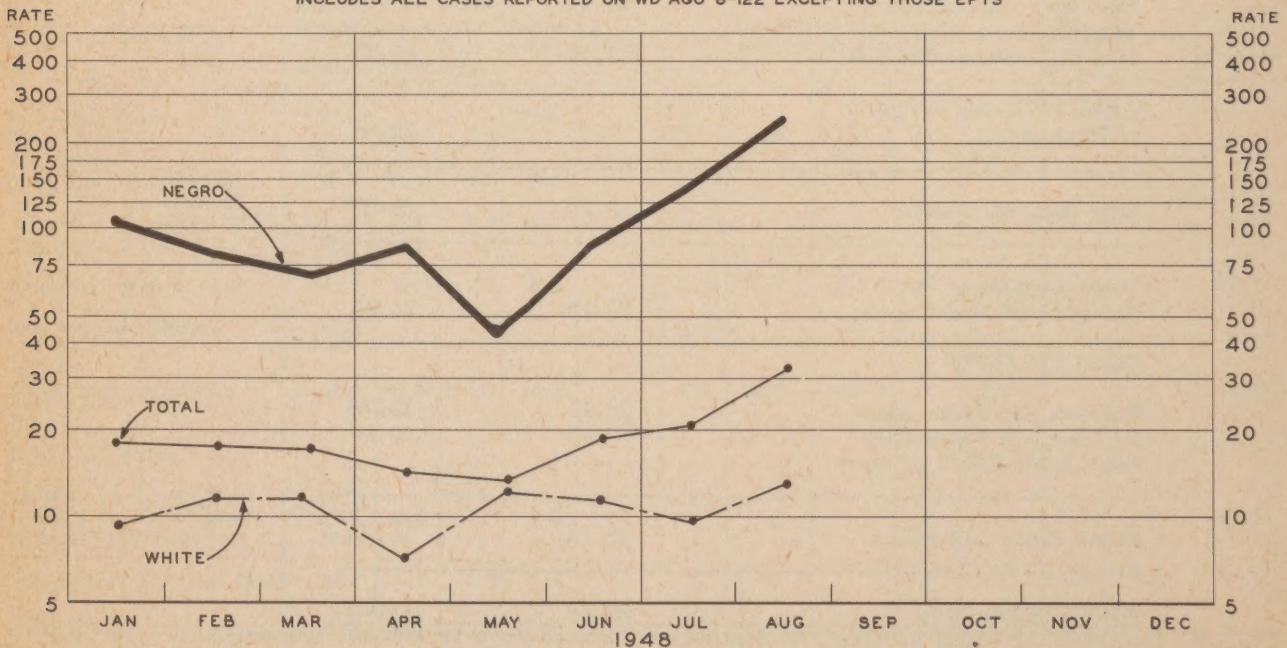


CHART 2

ADMISSION RATES BY MONTH, VENEREAL DISEASES, MIL. DIST. OF WASH. 1948
RATES PER 1000 TROOPS PER YEAR

INCLUDES ALL CASES REPORTED ON WD AGO 8-122 EXCEPTING THOSE EPTS



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CONSOLIDATED MONTHLY VENEREAL DISEASE STATISTICAL REPORT For the Four Week Period Ending 27 August 1948 (Data from WD AGO 8-122) (Chargeable Cases)

STATION	R A C E	Mean Strength	Number of Cases-EPTS Not Included				Rate per 1000 Troops per Annum	Total Days Lost From Duty (Old & New Cases)
			Syphillis	Gonorrhea	Other	Total		
Arlington Hall Station	W	670	-	1	-	1	19.40	-
	C	-	-	-	-	-	-	-
	T	670	-	1	-	1	19.40	-
Fort Belvoir	W	6,050	3	5	-	8	17.19	28
	C	1,056	5	22	-	27	332.39	53
	T	7,106	8	27	-	35	64.03	81
Fort McNair	W	715	-	3	-	3	54.55	-
	C	99	-	1	-	1	131.31	-
	T	814	-	4	-	4	63.88	-
Fort Myer (North Post)	W	1,231	-	1	-	1	10.56	37
	C	176	-	-	-	-	-	-
	T	1,407	-	1	-	1	9.24	37
Fort Myer (South Post)	W	1,848	1	3	-	4	28.14	-
	C	-	-	-	-	-	-	-
	T	1,848	1	3	-	4	28.14	-
General Dispensary, USA	W	5,494	-	-	-	-	-	-
	C	31	-	-	-	-	-	-
	T	5,525	-	-	-	-	-	-
Vint Hill Farms Station	W	1,004	-	1	-	1	12.95	-
	C	-	-	-	-	-	-	-
	T	1,004	-	1	-	1	12.95	-
Total Mil Dist of Wash	W	17,012	4	14	-	18	13.75	65
	C	1,362	5	23	-	28	267.25	53
	T	18,374	9	37	-	46	32.55	118
Army Medical Center	W	2,353	1	1	-	2	11.05	561
	C	313	-	3	1	4	166.13	206
	T	2,666	1	4	1	6	29.26	767
Total Dept/Army Units	W	19,365	5	15	-	20	13.43	626
	C	1,675	5	26	1	32	248.36	259
	T	21,040	10	41	1	52	32.13	885
CLASS III UNITS Andrews Air Force Base	W	3,467	1	4	-	5	18.75	26
	C	122	-	-	-	-	-	-
	T	3,589	1	4	-	5	18.11	26
Bolling Air Force Base	W	5,130	5	7	-	12	30.41	77
	C	1	-	-	-	-	-	-
	T	5,131	5	7	-	12	30.40	77
Wash Nat'l Airport	W	1,600	-	-	-	-	-	-
	C	-	-	-	-	-	-	-
	T	1,600	-	-	-	-	-	-
Total Dept/Air Force Units	W	10,197	6	11	-	17	21.67	103
	C	123	-	-	-	-	-	-
	T	10,320	6	11	-	17	21.67	103
Consolidated Total	W	29,562	11	26	-	37	16.27	729
	C	1,798	5	26	1	32	231.37	259
	T	31,360	16	52	1	69	28.60	988

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VENEREAL DISEASE RATES FOR THE US *

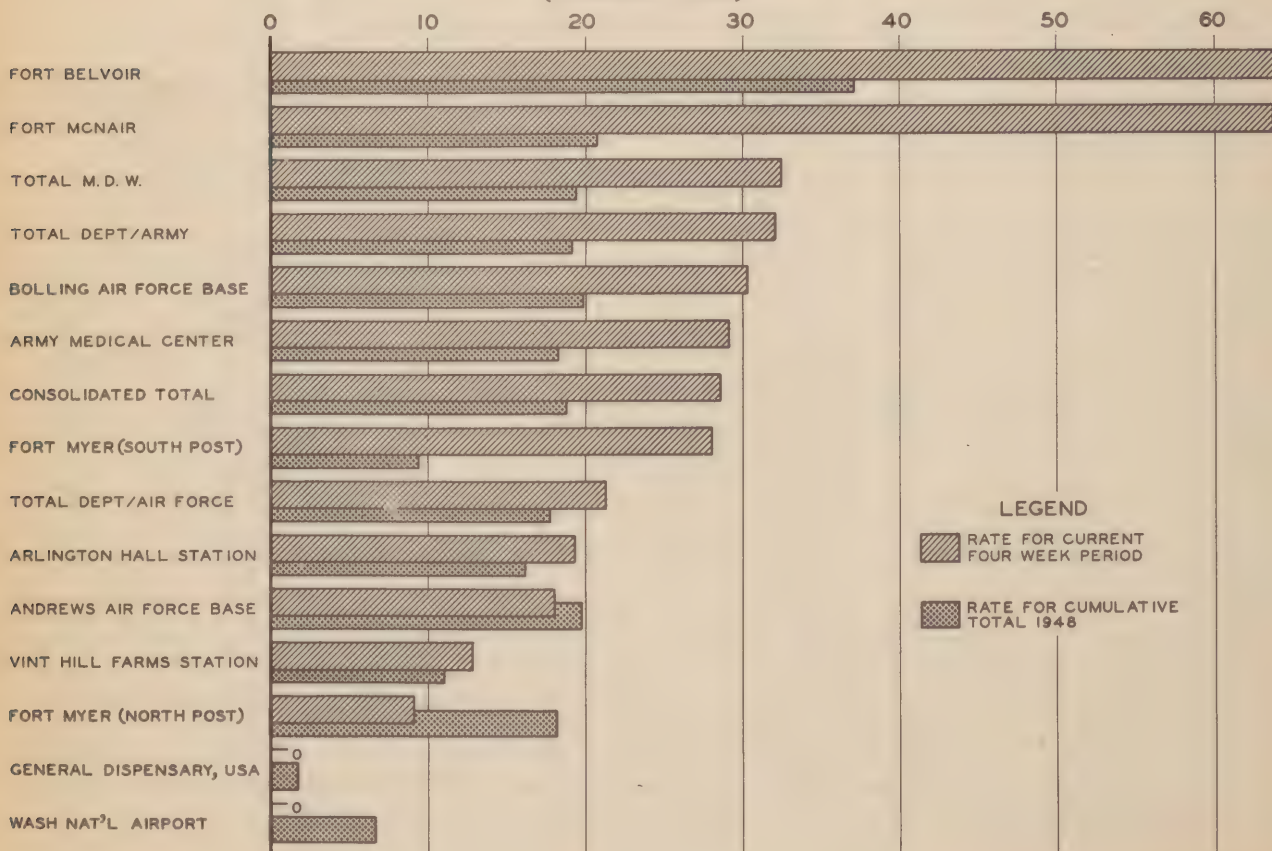
(All Army Troops)

	August	July
First Army Area	31	29
Second Army Area	44	38
Mil District of Washington	29	19
Third Army Area	39	39
Fourth Army Area	32	29
Fifth Army Area	27	24
Sixth Army Area	31	33
Total United States	34	31

* Compiled in the Office of the Surgeon General and include General Hospitals and Class III installations.

VENEREAL DISEASE RATES PER 1000 PER YEAR FOUR WEEK & CUMULATIVE TOTAL ENDING 27 AUGUST 1948

TOTAL WHITE & NEGRO PERSONNEL
(CHARGEABLE CASES)



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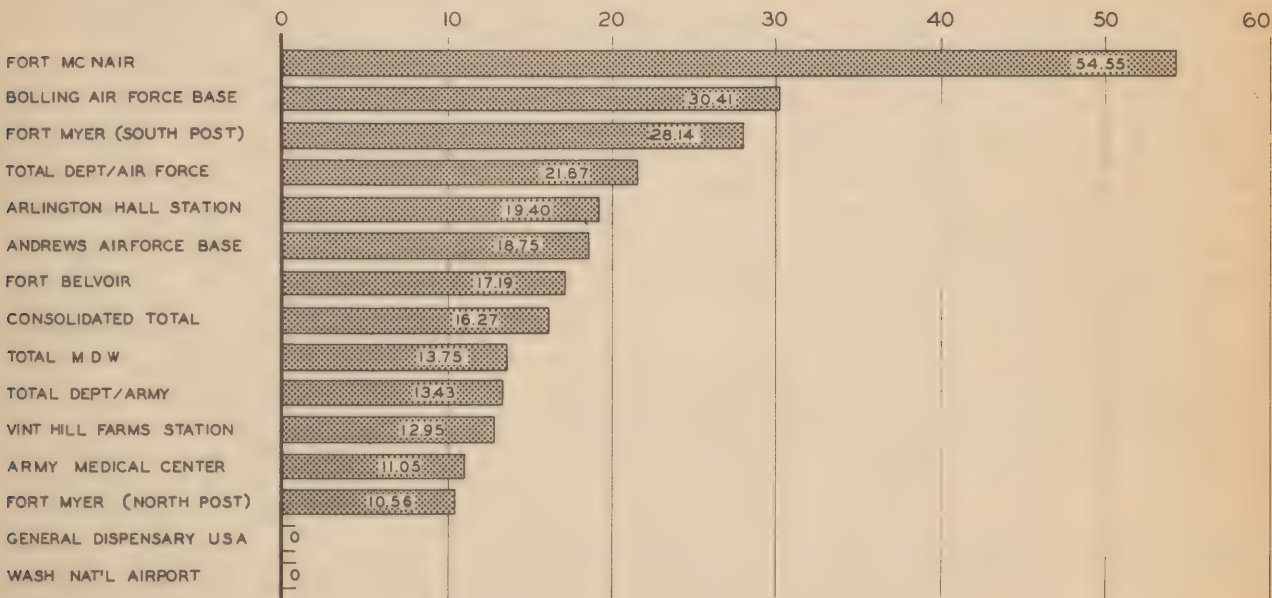
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CHART

VENEREAL DISEASE RATE PER 1000 TROOPS PER YEAR-4 WEEK PERIOD ENDING 27 AUGUST 1948

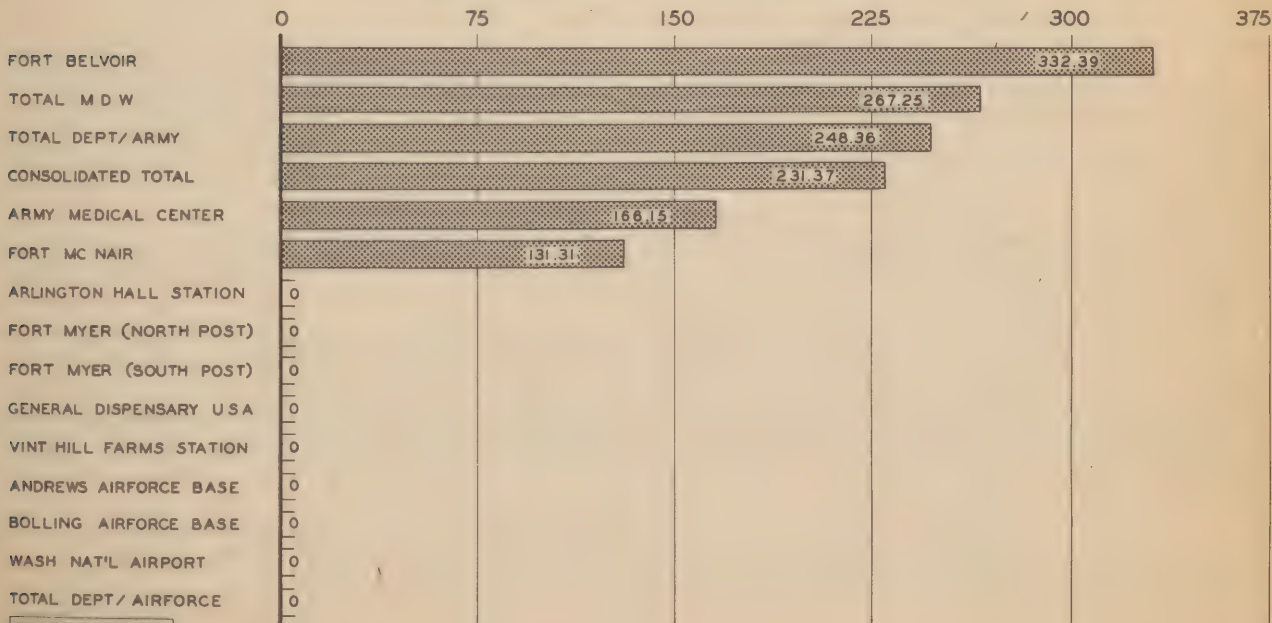
WHITE PERSONNEL (CHARGEABLE CASES)



CHART

VENEREAL DISEASE RATE PER 1000 TROOPS PER YEAR-4 WEEK PERIOD ENDING 27 AUGUST 1948

NEGRO PERSONNEL (CHARGEABLE CASES)



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CONTROL OF RESPIRATORY DISEASE

With the advent of the fall season, the incidence of respiratory diseases normally increases and becomes epidemic during the late autumn, winter and early spring months. This seasonal variation is, no doubt, due largely to the greater tendency to remain indoors under crowded conditions with the subsequent increase in the exposure rate, and to the adverse effects which poor ventilation and exposure to inclement weather have on the resistance of the tissues to infection.

The respiratory diseases generally are transmitted from person to person by contact. The infective agents are ordinarily contained in the secretions and discharges from the respiratory tract of the person having the disease, or one who is the carrier of the infection, and are transferred to the mouths and respiratory tracts of others principally by the air, by the fingers and by dishes, drinking cups and other eating utensils. Recent studies indicate that the eating utensils and dishes are more important in the transfer of etiological agents of respiratory diseases from person to person than was formerly believed to be the case. Foods may serve as a transmitting agent particularly milk, and uncooked foods or cooked foods which have been contaminated subsequent to cooking.

From the viewpoint of their effect on military activities and operations, the respiratory infections as a group, and more particularly measles, mumps, influenza and the common respiratory diseases, are the most important of the communicable diseases that occur in military forces. During the progress of an epidemic a comparatively large number of men are incapacitated, with the result that the efficiency of the units to which they belong is correspondingly impaired.

In most instances, the principal purpose of measures for the control of a respiratory disease is to retard the transmission of the disease. This is especially true in the control of diseases which tend to occur as explosive outbreaks, such as, influenza and the common respiratory diseases. If the spread of the disease in question through the command can be retarded, fewer men will be incapacitated at any one time and there will be less interference with the military activity of the command. Also, delay in the spread of a respiratory disease will lighten the current load on hospital facilities and permit better care of each patient. Further, if the explosiveness of an epidemic is diminished, it is probable that ultimately the number of cases will be reduced.

Crowding, or close contact between individuals, facilitates the transmission by air of the infected secretions and increases the opportunities for their transference by contaminated hands and articles that are handled in common by many persons. Crowding and the consequent close contact between infected and non-immune persons, is, therefore, a most important factor in determining the rate of spread and the extent of an epidemic of any respiratory disease.

In military organizations, the greatest degree of crowding ordinarily occurs in barracks, at mess, in day rooms and recreation centers, at military formations, such as close order drill, in offices and in theaters. Basically, the control of crowding is a question of increasing the spacing between individuals to an extent which will minimize the transmission of air-borne organisms. Complete prevention of crowding cannot be accomplished by any practical measures. Crowding can be partially controlled, and the exposure rate proportionately reduced, by increasing the distance between beds in barracks and between men at mess, by reducing to a minimum all drill and other military activities which will bring the men close together, by preventing undue grouping in day rooms, gymnasiums or other places of recreation, by permitting occupancy of only alternate rows of seats in theaters, and like measures.

The presence of a serious epidemic of respiratory diseases, or the impending danger of such an epidemic, may justify closing the theaters and the suspension for the time being of training or other military activities requiring the grouping of large numbers of men. However, extreme measures of this kind have an adverse effect on morale and should not be hastily invoked nor should they be adopted unless absolutely necessary. Idle troops will, in any event, crowd together in service clubs and day rooms and thus nullify the good results which might be obtained from other measures to prevent crowding.

The most dangerous crowding is that which occurs between the sleeping occupants of squad rooms. The deep breathing and forcible exhalations which occur during sleep serve to propel the infected droplets from the respiratory tract through the air.

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Under average conditions, a minimum of 60 square feet of floor space should be allotted for each bed exclusive of that occupied by furniture or fixtures other than the bed and foot locker. The calculation or measurement of minimum floor space should not include any that extends to a distance of more than four feet from either end of the bed. In an emergency, or under certain present conditions authorized by existing directives the minimum floor space may be reduced to 50 square feet per bed, provided there is adequate ventilation.

Beds should never be grouped in order to obtain space for other purposes, where grouping will reduce the actual amount of space occupied by each bed to less than 60 square feet. Thus, a squad room 20 feet wide and 36 feet long (720 square feet) has a capacity of 12 beds, if all the floor space is used for beds. If space is needed in this room for other purposes, such as recreation or for wall lockers, it should be obtained by reducing the number of beds and not by crowding the beds together.

It is recommended that the unit commander conduct a survey of the floor space in each of the barracks housing troops in his command and that a statement be posted in a conspicuous place in each barracks indicating the date of survey, the total number of square feet of floor space for the building, and the number of beds to be placed in each room, based on a minimum of 60 square feet of floor space for each bed.

It is essential in the control of respiratory diseases that sleeping quarters be properly ventilated. Poor ventilation, with the resulting increase in humidity or atmospheric temperature, or both, lessens the resistance of the tissues of the respiratory tract to invasion by the etiological agents of respiratory diseases. It is probable that, as a general rule, a much smaller dose of the infecting organisms will produce infection in the presence of poor air conditions than when rooms are properly ventilated.

Window ventilation is the simplest form of ventilation. Windows should be opened from the top on the windward side of the building and from the bottom on the opposite side.

It is essential that barracks be properly ventilated. In order to enforce proper ventilation at night, especially in cold weather, frequent inspections should be made by an officer or non-commissioned officer.

The training of company officers and non-commissioned officers in the methods of ventilating squad rooms and the instruction of all personnel in regard to the need for ventilation is an important feature in the prevention or control of respiratory diseases.

Promiscuous sneezing, coughing and expectorating, the common usage of articles such as towels, drinking cups and eating utensils, are important factors in the transference of infected discharges from the respiratory tract. Good personal hygiene on the part of the troops will reduce both air-borne and hand to mouth transmission of the infective agents of respiratory diseases. The extent to which the rules of personal hygiene can be enforced in a command depends to a considerable degree on the discipline and training of the troops, and the enforcement of such rules by officers and non-commissioned officers.

Infected discharges from the respiratory tract may also be transferred in food, on dishes, or on eating and drinking utensils. Food, especially that which has been prepared and is ready to serve, may be infected by food handlers who have, or who are carriers of a respiratory disease. The routine periodic physical examination of food handlers should include examination for respiratory diseases. Further, it is very important that any food handler who exhibits symptoms of a respiratory disease be relieved at once from duty requiring him to handle the food of others.

The water in which mess kits, dishes and eating utensils are washed may serve as a means of indirectly transmitting the casual agents of respiratory diseases. All mess equipment should be washed in hot soapy water and sterilized in steam, boiling water, or with chlorine, and then air-dried.

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VETERINARY SERVICE

RABIES INCIDENCE IN THE MILITARY DISTRICT OF WASHINGTON

During the first nine months of 1948, in compliance with Army Regulations, 645 small animals of military personnel stationed in the Military District of Washington were inoculated against rabies. This inoculation program of the Military District supplements a similar but much larger program of the Public Health Departments of the District of Columbia and the adjoining counties in Virginia and Maryland. It is estimated that there are about 40,000 dogs in this area.

Beginning in April 1943 and continuing through the subsequent 29 months, rabies incidence continued to increase and during the period the largest outbreak recorded in Washington was experienced. Individuals who were bitten were required to undergo the long and painful Pasteur treatment when a positive diagnosis of rabies was made in the animal concerned. In 1943, 144 cases were positively identified in small animals. In 1944, the same area reported 148 positive cases. The first 6 months of 1945 produced over 100 cases. In September 1945, the program of immunization in small animals was initiated in the District.

During the remainder of 1945, 2 positive cases were recorded. In 1946, only 4 cases were reported and in 1947, of the 2 cases positively diagnosed, 1 showed evidence of being imported from outside the area. No positive cases have been reported in 1948.

POUNDS MEAT AND MEAT FOOD AND DAIRY PRODUCTS INSPECTED AUGUST 1948 (Data obtained from WD AGO Form 8-134)

STATION	CLASS 3	CLASS 4	CLASS 5	CLASS 6	CLASS 7	CLASS 8	CLASS 9	TOTAL
Fort Lesley J. McNair	-	49,940	84,924	-	134,894	11,134	-	280,892
Fort Belvoir, Virginia	-	188,134	256,189	-	396,178	42,796	-	883,297
Potomac Yards Distribution Point	-	261,625	79,028	416,336	-	-	-	756,985
Fort Myer, Virginia	-	174,023	150,173	-	343,596	7,060	-	674,852
MDW Vet Det, Fort Myer, Virginia	230,050	-	-	-	-	-	-	230,050
US Navy	259,778	-	-	-	-	-	-	259,788
The Pentagon	-	-	-	-	-	288,069	-	288,069
Total	489,828	673,722	570,314	416,332	874,668	349,059		3,373,923
Army Medical Center	-	245,463	52,850	-	232,242	3,324	-	533,879
Washington Quartermaster	-	118,657	71,067	-	204,737	6,769	-	401,230
Andrews Air Force Base	-	84,677	94,943	-	195,051	18,242	-	392,913
Bolling Air Force Base	-	108,157	121,824	-	233,853	31,906	-	495,740
Total	-	556,954	340,684	-	865,883	60,241		1,823,762
GRAND TOTAL	489,828	1,230,676	910,998	416,332	1,740,551	409,300	-	5,197,685
REJECTIONS:								
Mil Dist of Washington								
Not Type, Class, Or Grade	6,397							6,397
US Navy								
Not Type, Class, or Grade	20,333							20,333
Fort McNair								
Insanitary or Unsound		88						88
Army Medical Center								
Insanitary or Unsound		158						158
Fort Myer								
Insanitary or Unsound		522						522
Bolling Air Force Base								
Insanitary or Unsound		120				63		183
Potomac Yards Dist Point								
Not Type, Class, or Grade		1,002						1,002
TOTAL REJECTIONS	26,730	1,890				63		28,683

- * Class 3 - Prior to Purchase
Class 4 - On delivery at Purchase
Class 5 - Any Receipt Except Purchase
Class 6 - Prior to Shipment
Class 7 - At Issue or Sale
Class 8 - Purchases by Post Exchanges, Clubs, Messes or Post Restaurants
Class 9 - Storage

DENTAL SERVICE

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DENTAL SERVICE - MONTH OF AUGUST 1948

STATION	Offi- cers	Days of Duty	Sit- tings	Amal- gam	Oxy and Amal	Sili- cate	In- lays	Bridges	Bridge Repair	Crown	Dentures			Extrac- tions	Calcu- lus Removed	X-Ray	Examin- ations
											Full	Par- tial	Re- pair				
Arlington Hall Station	1	23	139	75	8	16	-	-	-	-	1	1	-	10	12	4	59
Fort Belvoir	6	225	1,141	248	287	127	1	8	1	-	20	15	-	502	90	143	990
Fort McNair	1	31	675	238	136	33	-	-	1	-	-	14	4	57	30	43	422
Fort Myer (North Post)	4	62	892	132	30	22	-	1	-	2	1	16	15	41	47	569	382
Fort Myer (South Post)	2	59	622	183	102	23	-	2	-	5	6	6	1	41	13	51	167
General Dispensary, USA	5	159	2,230	280	111	93	4	4	-	6	11	25	11	201	224	887	1,095
Vint Hill Farms Station	3	46	283	73	17	24	2	3	-	1	2	10	1	62	3	33	127
Total Mil Dist of Wash	22	605	6,299	1,229	690	338	7	18	2	14	41	87	32	914	419	1,730	3,252

MONILIAL STOMATITIS AND MONILIAL VULVOVAGINITIS

A recent interesting case of Monilial Stomatitis and Monilial Vulvovaginitis was observed and treated by one of the officers on duty at the Dental Clinic, Station Hospital, Fort Belvoir, Virginia. A review of the case and the treatment used in successfully accomplishing its cure is presented herewith:

The patient, a white female, age 21, in the sixth month of pregnancy was referred to the Dental Service for consultation. She was acutely ill and admitted to the hospital. Previously penicillin had been given without improvement. She was an out-patient in the prenatal clinic and her condition as reported there was good.

The findings upon examination were:

- (1) A complete destruction of the mucosa covering the inside of the upper and lower lip from the wet-dry lip line to the floor of the vestibule.
- (2) Crust formation similar to herpes on the outer lips.
- (3) The buccal mucosa was edematous, and it was covered by a thick pearl gray membrane which became thin and patchy as it reached the muco-buccal fold.
- (4) The alveolar mucosa was covered by a similar, but thinner membrane.
- (5) The hard palate was affected, but was patchy and many red papular areas showed through.
- (6) The tongue and soft palate had no membrane, but were red and the patient had a hacking, but unproductive cough.
- (7) The breath was not fetid.
- (8) There were no skin lesions, but the eyes were very inflamed and the patient suffered a photophobia.

The patient was advised to thoroughly wash her hands before going to the toilet because of the possibility of vaginal contamination.

She volunteered that she had a great discomfort and burning sensation when voiding, which she felt had been caused by the penicillin, or that her urine had become more concentrated since she had been taking less fluids because of her sore mouth. It was believed that the discomfort was the result of some other cause, namely:

a. Bland et al (1937) demonstrated that experimental inoculations of monilial in the vagina have an incubation period of 24 to 96 hours and the vagina could have become contaminated.

b. If the penicillin had been in wax and oil there could have been an allergy, but this would probably have produced a skin rash.

A vaginal examination revealed the following:

- (1) The labia were beefy red with pearly gray membrane in spots.

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- (2) The vaginal walls were inflamed and had spots of gray membrane. Some areas were irregular and ulcerous with papular areas. There were also small, raw, shallow fissures on the surface.

The patient was isolated and the mouth was irrigated with 7% copper sulfate solution one time only. Thiamine hydrochloride .050 Gm., q.i.d. hypodermatically. High caloric liquid diet. 2% Aqueous Methylene Blue was applied to the mouth and vagina twice daily. A 2% copper sulfate vaginal douche was given by a soft rubber catheter. Cultures were taken from the mouth and vagina. A urinalysis showed many W.B.C. The white cell count in the blood was 14,700, which decreased to 9,050 on the ninth hospital day.

On the second hospital day the mouth showed a slight improvement. In this case thiamine hydrochloride was given hypodermatically. In six similar cases when thiamine hydrochloride had been given orally in larger doses, no improvement until the third or fourth day. 2% copper sulphate was used in the vagina with no discomfort, but not used again. The labii were edematous, about the size of a small hen egg. The edema appeared over-night, but was not annoying.

The third hospital day showed a definite improvement with crust formation beginning inside the wet-dry lip line. The membranous covering was leaving the mouth and this mixed with saliva gave the appearance of pus. The underlying tissue was reddened, but not greatly inflamed. If any of the pseudomembrane was removed the tissue seeped blood. The patient's eyes were normal and she had no photophobia. The labii were still edematous. She was alarmed because her urine was blue.

On the fourth hospital day, the edema of the cheeks was leaving and they were more movable. Her lips seemed to adhere in the morning. Her cough persisted, but was improved. All the membrane was loose, except the floor of the mouth and the palate. The anterior and posterior pillars of the fauces were involved and there was a lesion about the size of a pea on the uvula.

On the fifth hospital day, the temperature was 98.8 and pulse 85, which gradually returned to normal during the next three days. The membrane had completely disappeared in many places in the mouth. There was little soreness, except under the tongue. The lips were healing well and there were no outside lesions. The labii were still edematous and ice was applied.

On the sixth day there remained an ulcerous area with an irregular outline just inside the upper lip. It was believed that this was a result of the pseudomembrane being accidentally removed when the patient was first examined. The edema of the labii was subsiding and the vulva was not inflamed. A vaginal discharge began on this day.

From the eight to eleventh day, the patient was given a regular house diet. There was no abnormal membrane in the mouth. All oral tissues were normal with a healthy pink color. The throat was normal, and there was no cough. The vagina was normal and all discharge had stopped. The patient had no discomfort and felt well.

The patient was discharged from the hospital on the eleventh day.

In summary; smears and cultures of the mouth and vagina showed *Monilia albicans*. The case was diagnosed Monillial Vulvovaginitis. The patient responded to the above treatment and the symptoms progressively subsided and lesions disappeared from both cavities in eight days.

It is believed that Methylene Blue is a better dye in this treatment than Gentian Violet; and that Thiamine hydrochloride given hypodermatically gives a quicker and better result than if given orally.

It is doubted that the disease would heal spontaneously, but rather that it would become chronic.

MISCELLANEOUS

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EFFECTIVE OPERATION OF OUTPATIENT SERVICE

The outpatient service performed by Army Medical Units frequently is given too little attention by many installations when compared to the inpatient treatment offered.

An efficiently operating outpatient service gives greater satisfaction to the patient, better utilizes the services and time of the medical officers assigned to the service, and acts as an effective public relations agency for the unit.

Each service rendered to outpatients should be scheduled in such a manner that there will be sufficient time allowed to handle all patients who make use of the service but at the same time be planned so that there is not an excessive time lag between patients. In order to make maximum use of the services of the medical officer concerned, a definite period should be allotted for each patient, allowing sufficient time for satisfactory attention to his or her clinical needs, but not so much that there is time wasted between patients. An average of twenty minutes per patient has been found by experience to be ample in routine cases.

When properly scheduled clinics are in operation, it is possible to give definitely indicated appointments to patients for future visits, thus saving time for the patient and increasing the total number of patients seen daily by each medical officer.

Interruption to the normal scheduled flow of patients by emergency cases can be held to a minimum by proper planning for such exigencies.

OUTPATIENT SERVICE IN THE MILITARY DISTRICT OF WASHINGTON

Consolidated statistical data on the outpatient services, Military District of Washington, less Walter Reed General Hospital, and Class III installations for the four week period ending 27 August, 1948 are indicated below:

ARMY:

Number of Outpatients.....	9,453
Number of Treatments.....	12,104

NON ARMY

Number of Outpatients.....	3,999
Number of Treatments.....	10,162

NUMBER OF COMPLETE PHYSICAL EXAMINATIONS CONDUCTED..... 2,195

NUMBER OF VACCINATIONS AND IMMUNIZATIONS ADMINISTERED.... 8,027

HOSPITAL MESS ADMINISTRATION (Data from WD-AGO Form 8-210)

STATION	May 48	June 48	July 48	August 48
FORT BELVOIR				
Income Per Ration.	\$ 1.120	\$ 1.170	\$ 1.197	\$ 1.267
Expense Per Ration.	1.130	1.110	1.180	1.249
Gain or Loss	-0.010	0.060	0.017	0.018
FORT MYER (NORTH POST)				
Income Per Ration.	1.096	1.168	1.191	1.213
Expense Per Ration.	1.053	1.119	1.223	1.101
Gain or Loss	0.043	0.049	0.032	0.112

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Following is a list of publications which are of particular interest to the Medical Department:.

DEPARTMENT OF THE ARMY CIRCULARS

Cir No	Subject	Date
228	Change in AR 40-210; Change in TB Med 114	2 August 48
230	Organization and Personnel Terms	2 August 48
231	Character Guidance	3 August 48
234	Application by Medical Officers for Certification as Specialists	5 August 48
239	Recruiting for the Regular Army and Regular Air Force	9 August 48
242	Overseas Shipment of Privately Owned Automobiles	11 August 48
244	Efficiency Reports	11 August 48
246	Organized Reserve Corps except General Officers	13 August 48
248	Implementation of Career Guidance Plan for Warrant Officers and Enlisted Men	16 August 48
250	Army Safety Program, Accident Reporting Procedure; Recission Sec III WD Cir 169, 1947	17 August 48
254	Shoes, Low Quarter, Tan - Duty Wear; Recission of MD Publications	19 August 48
257	Clothing and Individual Equipment	20 August 48
260	Special Orders pertaining to Enlisted Men	24 August 48
263	D/A AGO Form 20 reprint; Officer Candidate School	25 August 48
264	Expiration date WD Cir 59 and 67 1947 series, extended	27 August 48
269	Report of Home Address at Time of Last Entry into Service	31 August 48

DEPARTMENT OF THE ARMY MEMORANDA

Memo No	Subject	Date
600-900-1	Career Guidance Program	4 August 48

MILITARY DISTRICT OF WASHINGTON MEMORANDA

Memo No	Subject	Date
35	Assignment of Non Commissioned Officer Quarters	11 August 48
38	Character Guidance Program	19 August 48
39	Confinement of Army Personnel at Fort Belvoir Stockade	20 August 48
42	Restrictions on Leave	27 August 48

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ADMINISTRATIVE DIVISION

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DISPOSITION OF RECORDS

Excessive accumulation of files not only reduces administrative efficiency by impeding the use of current files but also decreases immeasurably the utility of records for legal and historical purposes.

Current files in the various medical installations of the Military District of Washington reflect various degrees of accumulation of unused and unnecessary records. In order that these obsolete data be properly screened for retirement or destruction, the provisions of TM 12-259, as amended and other pertinent directives will be reviewed and followed.

MEDICAL REGISTERS AND FILES

Inspection of the records and files of the station hospitals and dispensaries in the Military District reveal that in many instances the various registers of sick and wounded are not being kept in accordance with applicable directives.

In order that the arrangement of these records be uniform throughout the Army, and to facilitate preparation of recurring reports from data contained in them, attention is directed to provisions of the following directives governing the preparation and maintenance of files listed below:

File	Directive
1. Register of Sick and Wounded (In patient Register)	Par 74 & 75, AR 40-1025
2. Outpatient Register	Par 93e AR 40-1025 D/A Cir 76, 1947
3. Dental Register	Par 3c(1) AR 40-1010 Par 3c(2) Change 3, AR 40-1010

USE OF THE METROPOLITAN AMBULANCE

The Metropolitan type ambulance being used by Medical Installations within the Department of the Army has been designed primarily as a vehicle for a special purpose; the more comfortable and expeditious transportation of the sick and injured.

Structural characteristics desirable in accomplishing this purpose have resulted in certain operational peculiarities which are not found to as great a degree in conventional vehicles. This ambulance is designed with soft springing and a long wheel-base to insure comfortable riding for the patient, but because of this, the vehicle is not as stable as a passenger car or other carrier. Sharp power turns and high speed over rough roads result in excessive side-play and "whipping" as well as loss of control.

A high rate of acceleration and positive braking power are provided to be used only when it is absolutely necessary in order to prevent an accident or to clear through traffic, and to save time on unrestricted roads and streets. Illegal speed through city traffic jeopardizes not only the lives of the patient and driver, but others as well.

Traffic regulations in the Military District of Washington must be observed. Violations are punishable by civilian and military authorities.

The driver must have a complete understanding of the limitations of the vehicle, civilian and military regulations governing its use, and be cautioned that the vehicle can take more lives than it can save when it is misused.

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RESTRICTED**ADMINISTRATIVE DIVISION****DEFINITIONS OF TERMS****ADMISSIONS**

In the general classification of admissions by disease and injury, the term "admission" refers to direct admissions, but also includes a certain number of cases carded for record only. Admissions reported as All Causes, Diseases and Injuries represent the numbers of patients (excused from duty, plus certain CRO patients) in these major categories. Among the number of cases shown for any diagnostic category, however, are included cases of patients directly admitted for other causes among whom the specific condition, though present at the time of admission, was not the primary cause of admission. In addition, these counts include those patients among whom the specific condition was discovered while the patient was being treated for other conditions. Thus, a patient admitted with a neuropsychiatric diagnosis, who was found to be suffering also from a venereal disease, would be included in the tables under each of these diagnosis, although he would be included only once under the classification "disease." With one exception, malaria, the table items for individual diagnoses exclude from consideration readmissions, cases which have been previously reported. In the case of malaria, the numbers shown include both new cases and readmissions. Both new cases and readmissions, however, are counted in the general classification of total disease and injury.

Cases Carded For Record Only (CRO)

Individual medical records are prepared for certain individuals who are not treated on an excused-from-duty status, such as deaths and discharges for disability of Army personnel not currently patients in hospital or quarters; venereal disease cases treated on an outpatient status; and certain injury cases when treated on an outpatient status. Such cases when recorded are termed cases carded for record only, or CRO. The only CRO cases included in the Statistical Health Report are deaths, discharges on certificate of disability, and admissions for venereal disease.

Direct Admissions

All patients admitted to hospital or quarters (placed on a "sick in hospital" or "sick in quarters" status and not returned to duty before midnight of the day of first reporting for medical care), except those patients admitted by transfer from another Medical Department installation, and all CRO cases, are termed direct admissions. A patient is tabulated as a direct admission only once for each continuous period of treatment, although he may be admitted to several Medical Department installations by transfer during the period.

Readmissions

Patients admitted for a condition for which they have been previously treated, reported, and returned to duty are referred to as readmissions. Readmitted battle or non-battle injuries are classified as disease cases.

COMMON RESPIRATORY DISEASE AND INFLUENZA

This category consists of acute catarrhal bronchitis, acute coryza, acute catarrhal pharyngitis, acute catarrhal nasopharyngitis, acute catarrhal laryngitis, and influenza.

DIARRHEA AND DYSENTERY

This category includes all cases diagnosed as colitis, diarrhea (cause undetermined), enteritis, enterocolitis, and intestinal indigestion and toxemia associated with diarrhea. Bacterial food poisonings, characterized by outbreaks of vomiting and diarrhea occurring simultaneously in groups of individuals who have all consumed the same suspected food or drink, are not included in this category.

PNEUMONIA, ALL FORMS

Includes all primary bacterial and viral pneumonias and pneumonias occurring with or secondary to some other morbid condition.

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